

University of Southern California Comprehensive Cancer Center

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Telephone:



August 26, 1985

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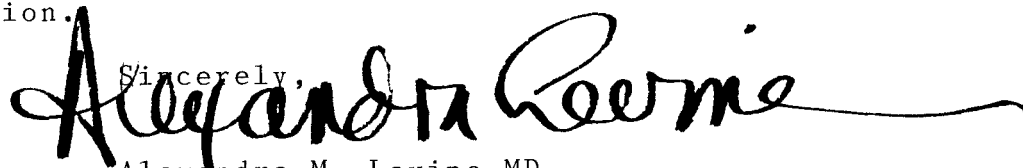
Dear Dr. Varmus:

Thank you for your letter dated August 12, 1985, concerning the most appropriate name for the HTLV-III virus. I apologize for my delay in reply, but have just returned from a weeks' vacation.

As you state, retroviruses have most often been named for the diseases which they cause--for example, "Human T-cell leukemia virus". I agree, as well, that the term "AIDS-virus" is both frightening, and also incorrect, in that AIDS is only one of the disorders caused by the virus. I would suggest the term, "Human Immunodeficiency Virus" (HIV), using Human T-cell leukemia virus as a model. This term, HIV, implies a broader scope than the term "AIDS-virus", and might make it easier for physicians to explain and educate regarding the current epidemic, and all of its variations. Another variation on the "HIV" theme could be "Human T-Immunodeficiency Virus", assuming that, perhaps other retroviruses will be found, causing other types of immunodeficiency than this specific T4 defect. The abbreviation would then be "HTIV".

Current evidence would indicate that true AIDS, per se, is only one small aspect of the disorders caused by the "AIDS-virus". It is difficult for me, as a clinician, to explain to my patients with the lymph node syndrome (PGL), or to virus-positive asymptomatic individuals that although they have been infected with the AIDS-virus, they may never actually develop AIDS. The concept might be easier to communicate if, in fact, another term were used, which implied a broader characterization of the potential illness(es) which might result from infection by the agent.

I appreciate your kindness in asking my opinion regarding this important matter, and wish you luck in reaching a decision.

Sincerely,


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